Appendix 3

Quotes

Themes and subthemes	Underlying quotes
Policy	Charlying quotes
Subtheme: Guidelines	Participant, social worker: "[Er] Yes, of course it would be nice if there were just [eh] the same guidelines for everyone."
Subtheme: Role unclarity	Participant, nephrologist: "Well, then I would say that it would be most convenient if agreements were made locally (eh) in that center about who has what tasks. Yes (eh just work agreements in a (eh) in a center. Who does what? In any case, you do indeed have to (eh) in your own hospital (eh) as a transplant team, so to speak, if I'm talking about the university hospital, must be coordinated: who does what? A division of roles is required if you work in a team. That indeed seems (eh) quite self-evident to me, indeed, yes."
Medical	
Subtheme: Medical criteria	Participant, social worker: "I think that, yes you can [eh] transparency in any case, that the patient is entitled to that, to be able to see to which hospital [eh] let's say, in terms of age a transplant is allowed or not. [eh] And then, and then [eh] choose yourself [eh] where you want to go for the, for the transplant that is not only based on age or BMI, but on all other criteria [eh] [the patient] keep a little bit of control in your hand."
Psychological	
Subtheme: Dialysis for longer than necessary	Participant, nurse: "Yes, I think for a patient it has also just [eh] naturally become a piece of [eh] network, and so stopping with that feels like a kind of emptiness. I think the patients there [eh] If you have signs that the patient is in danger of becoming isolated in some way, that you already start zooming in on what could be a safety net there, eh. Maybe a buddy system, or with guidance, or [eh] there are hobbies [eh] that they didn't have before, [eh] they can give substance to that again. So, and also fellow sufferers."
Subtheme: Fears for kidney transplantation	Participant, surgeon: "Some patients hear stories of patients on dialysis who have had complications and who may have come to the hospital in a very long process with multiple operations. So I understand that too (fear of transplant) and it stands or falls with good information."

Social	
Subtheme: Language barrier	Participant, nephrologist: "Eh, in itself something in which there are already many initiatives (language barrier). I think in particular in our region, where there are of course many multicultural differences. And well, kidney team at home, that is of course by definition a kind of initiative to make care more accessible to non-Western backgrounds and to overcome the language barriers. So I think that those kinds of initiatives are good and can be rolled out nationally where possible."
Subtheme: Finding living donor	Participant, patient: "No, okay, I think you could use a little guidance with that [use someone else's social media]. That is, of course, a very cheeky question."
Subtheme: Missing aftercare	Participant, social worker: "I can imagine that [eh] that more attention could be paid to that. Look, [eh] people (kidney patients) who are eligible for a kidney transplant, they have of course been under care [eh] of the hospital. And such a donor, yes, the donor pops up a few times in the whole process. And [eh] I can imagine, [eh] maybe a little more attention [eh] can be spent on the donor [eh]."
Economic	
Subtheme: Market forces	Participant, nephrologist: "I assume that we just have that throughout the country, is that everyone is of course so keen that we all aim for a transplant (eh). But (eh) it's true that if you do it right, and therefore transplant a lot of patients as a ZBC (an independent treatment centre), you will actually be, say (eh) financially (eh) punished for it. And that is of course not true. You provided very good care, but because you provide very good care, then your earning (eh) model, in terms of your production, is declining. And so, as a (eh) independent treatment center, you also lose out. No, what you say, [name of other participant], a (eh) good treatment should also reward you well."